



APPLICATION FOR LICENSE TO ESTABLISH A LICENSED SHOOTING PRESERVE

State form 21937 (R7/ 7-06)

Approved by State Board of Accounts 2006

DEPARTMENT OF NATURAL RESOURCES

Division of Fish and Wildlife
402 W. Washington St., Rm. W273
Indianapolis, IN 46204-2781
Telephone: (317) 233-6527
Fax Number: (317) 232-8150

INSTRUCTIONS:

1. Please *print* or *type* information.
2. Attach proof of ownership or control of the property (*new applicants only*).
3. Include fee of \$100.00 made payable to the Indiana DNR.

Please check one: ☐ New ☐ Renewal Year wanted on license: Sept. _____ to April _____

Name of Applicant _____ Telephone Number _____

Date of Birth _____ Driver's License Number _____

Name of Business _____

Mailing Address (*Number and Street*) _____ County _____

City _____ State _____ Zip Code _____

Shooting Preserve Address (*Number and Street*) _____

City _____ Zip Code _____ Telephone Number _____

Location of Preserve: County _____ Township _____

Number of Contiguous Acres (*must be at least 100*) _____ Section(s) _____

Please list the Species of Game Birds (*pheasants, quail, chukar partridges, mallard ducks*) that will be released on the Shooting Preserve: _____

Please return the completed application with the \$100.00 application fee to the above address along with a copy of the deed, lease, rental agreement, or other proof of control of the land (*if applicable*).

Under the penalties of perjury (IC 35-44-2-1), I certify that the information supplied by me is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

TO BE FILLED IN BY A CONSERVATION OFFICER ONLY

1. Has the shooting preserve been inspected this year? ☐ Yes ☐ No

2. Has the applicant met all statutory requirements for fences and signs at the time of inspection? ☐ Yes ☐ No

If No, please list deficiencies: _____

3. Does the applicant have any other license to possess the game birds? ☐ Yes ☐ No If yes, license #: _____

If No, are enclosures for birds adequate and in sanitary and humane conditions? ☐ Yes ☐ No

4. For Renewals Only: Does the applicant have complete copies of all bills of sale and a daily register? ☐ Yes ☐ No

Comments: _____

Signature of Conservation Officer: _____ Date: _____

FOR OFFICE USE ONLY

Date Application Received _____ Check/Money Order Number _____

License Number _____ Date License Issued _____ License Year _____

Approved by _____ Date _____

Comments _____